

IN THE UNITED STATES DISTRICT COURT  
FOR THE SOUTHERN DISTRICT OF OHIO

U.S. DISTRICT COURT  
SOUTHERN DIST OHIO  
WEST DIV CINCINNATI

Dana Goins

Plaintiff(s),

-vs-

Case No. 1:01cv185

Samuel Tambi, Warden,

Defendant(s),

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APPLICATION AND AFFIDAVIT BY INCARCERATED PERSON  
TO PROCEED WITHOUT PREPAYMENT OF FEES

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NOTICE TO PRISONERS REGARDING  
PROCEEDINGS *IN FORMA PAUPERIS*

**Prisoner account statement required.** A prisoner seeking to bring a civil action or file an appeal without prepayment of fees or security therefor must submit a certified copy of the trust fund account statement (or institutional equivalent) for the six-month period immediately preceding the filing of the complaint or the filing of a notice of appeal. Prison Litigation Reform Act of 1995, Pub. L. No. 104-131, 110 Stat. 1321, § 804(a) (1)-(3), 28 U.S.C. § 1915(a)-(h). The trust fund account statement is obtained from the cashier of the prison or prisons at which the prisoner was confined during the previous six months. 28 U.S.C. § 1915(a)(2). Since an appeal is a separate action, another application to proceed without prepayment of fees or security therefor must be filed when you file a notice of appeal. A prisoner seeking habeas corpus relief is not required to file a prisoner account statement.

**Filing Fees.** The current fees for filing a habeas corpus petition, civil complaint, and notice of appeal are:

- Habeas corpus petition. . . . . \$5.00
- Civil complaint . . . . . \$150.00
- Appeal . . . . . \$255.00

**AFFIDAVIT**

I, Dana Goins, declare that I am the (check appropriate box):

petitioner/plaintiff/movant       other

in the above-entitled proceeding; that in support of my request to proceed without prepayment of the full filing fee or costs under 28 U.S.C. § 1915, I declare that I am unable to prepay the full filing fee or the costs of these proceedings and that I am entitled to the relief sought in my complaint/petition/motion.

In support of this application, I answer the following questions under the penalty of perjury:

1. Are you currently incarcerated?  Yes       No

If "Yes", state the place of incarceration: Hocking Correctional Facility, Box 59  
Nelsonville, Ohio 45764

(If "No," this is the wrong form for you. You should request the Non-Prisoner Declaration in Support of Request to Proceed *In Forma Pauperis*)

2. Do you have a work, program, status assignment or other circumstances which causes you to be paid by the prison, jail, or other custodial institution?  Yes       No

If "Yes", state the amount credited to you each month: \$ 20.00 /month

3. In the past 12 months have you received any money from the following sources? If so, state the total amount received.

	<u>Amount</u>		
a. Business, profession or other self-employment	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	\$ _____
b. Rent payments, interest or dividends	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	\$ _____
c. Pensions, annuities or life insurance payments	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	\$ _____
d. Disability or workers compensation payments	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	\$ _____
e. Gifts or inheritances	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	\$ <u>20.00</u>
f. Any other sources	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	\$ _____

If the answer to any of the above is "Yes", describe each source of money and statement received and what you expect you will continue to receive.

In July, 2004, I received \$20.00 from a friend for a birthday present but I don't expect to be receiving anymore money as the person that sent the money to me is elderly and depends on Social Security and has a limited amount of money to make ends meet.

4. Do you have any cash or checking or savings accounts outside the prison?

Yes       No      Amount \$ \_\_\_\_\_

5. Do you have a secondary savings account, such as a certificate of deposit or a savings bond, which is recorded by the prison cashier?

Yes       No      Amount \$ \_\_\_\_\_

6. Do you own any assets, including real estate, stocks, bonds, securities, other financial instruments, automobiles or other valuable property?

Yes       No

If "Yes", describe each asset and state its value.

<u>ASSET</u>	<u>VALUE</u>
Autos _____	\$ _____
(Make/model/year) _____	
Stocks _____	\$ _____
_____	\$ _____
Bonds _____	\$ _____
Notes _____	\$ _____
Real Estate _____	\$ _____
\$ _____ (mortgage)	
Other _____	\$ _____

7. Have you on three or more prior occasions, while incarcerated or detained in any prison, jail or other facility, brought an action in a court of the United States that was dismissed on the

grounds that it was frivolous, malicious, or failed to state a claim upon which relief may be granted?

Yes

No

If "Yes," list the dismissals:

Date Dismissed	Case Name	Case No.

### **DECLARATION UNDER PENALTY OF PERJURY**

I declare under penalty of perjury that I have submitted above a complete statement of all the assets I possess and that all of the information is true and correct.

I understand that my signature below authorizes the institution of incarceration to forward from my account to the Clerk of the Court any initial partial filing fee assessed by the Court in the amount of 20 percent of the greater of the average monthly deposits to my prison account or the average monthly balance in my prison account for the six-month period immediately preceding the filing of the complaint. Thereafter, I authorize the institution of incarceration to forward monthly payments of 20 percent of my preceding month's income credited to my prison account until I have paid the full amount of the filing fee.

10-13-04  
\_\_\_\_\_  
DATE

Dana Goins Dana Goins  
\_\_\_\_\_  
SIGNATURE OF APPLICANT

# Ohio Department of Rehabilitation and Correction

**SECTION I - To be completed by cashier prior to this form being presented to the inmate for completion of SECTION II - Affidavit of Indigency.**

I, Dorothy L Hunt, cashier at the Hocking Correctional Facility

certify that the following is a true and accurate reflection of the status of the account maintained at this institution for the benefit of:

Inmate Name:	Inmate Number:
<u>GOINS, DANA</u>	<u>A-373041</u>

*The Prison Litigation Reform Act (PLRA) requires that the time period to be considered is the preceding six months. It also requires that, "...if financial activity is less than six months due to less than six months of incarceration, then note this fact on the statement. If lack of history is due to recent transfer, then obtain missing month-end reports from sending cashier to complete the six month period. The sending cashier must similarly certify the monthend reports."*

The time period being reported below is:  Six months  Fewer than six months, beginning \_\_\_\_\_

The time period is fewer than six months, because:  Period of Incarceration  Transfer

Account Balance as of <u>10/14/2004</u> :	\$ <u>32.91</u>
Total state pay credited for the report period;	\$ <u>120.00</u>
Average monthly state pay for the report period;	\$ <u>20.00</u>
Total funds received from all sources, excluding state pay, for the report period;	\$ <u>20.00</u>
Total amount spent in inmate's commissary during the same period;	\$ <u>120.80</u>

Signature of Cashier:	Date:
<u>Dorothy Hunt</u>	<u>10/14/04</u>

## AFFIDAVIT OF INDIGENCE

**SECTION II - To be completed by inmate after cashier's statement is completed.**

I, GOINS, DANA, being first duly sworn, says that he/she does not have sufficient funds to pay the filing fee and other costs of prosecuting this complaint against the State of Ohio, Department of Rehabilitation and Correction, in the Court of Claims of Ohio and submits the cashier's statement (Section I) in support of said allegation of indigency.

I hereby represent that the information set forth in the cashier's statement concerning my financial condition is true and complete to the best of my knowledge and belief.

Signature of Inmate:	Inmate Number:
<u>Dana</u>	<u>373-041</u>

Sworn to and subscribed to me in my presence this 20<sup>th</sup> day of October, 2004.

RALPH EVANS  
Notary Public, State of Ohio  
My Commission Expires 12/29/2005

Notary Public:
<u>Ralph Evans</u>

Have the institution fill out the Certificate portion of this affidavit and attach a certified copy of your prison trust fund account statement from the institution(s) of your incarceration showing at least the past six months' transactions.

## CERTIFICATE

(To be completed by the institution of incarceration)

I certify that the applicant named herein has the sum of \$ 32.91 on account to his/her credit at (name of institution) Hocking Correctional Facility. I further certify that during the past six months the applicant's average monthly balance was \$ 24.01 and the applicant's average monthly deposits were \$ 23.33. I have attached a certified copy of the applicant's prison trust fund account statement showing at least the past six months' transactions.

I further certify that the applicant does/does not have a secondary savings account(s), such as a certificate of deposit or a savings bond. The secondary account(s) balance is \$ \_\_\_\_\_.

10/14/04  
DATE  
OFFICER

Dorothy Hunt Lashier  
SIGNATURE OF AUTHORIZED

OCT 16, 2004

HOCKING CORRECTIONAL FACILITY

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10/04/2004 THRU 10/14/2004 INMATE DEMAND STATEMENT

INMATE NUMBER: A373041

INMATE NAME: COING, DANA  
AKA:STATUS: A  
MISC A: 0  
MISC B:  
NOTE:  
HOLD TOTAL: .00  
E.P.C. BALANCE: .00

LOCK LOGON:

CLOCK CYCLE: 3

FROM LOC: MACT  
FROM DATE: 12/23/1999  
D.O.B.:TO LOC:  
TO DATE:

TRAN DATE	TRAN AMOUNT	TO OR OPR	T/C DECC	MISC DECC	ACCOUNTS BALANCE
DALEWD					
04/16/04	3.26	01 00	DLH COMMISARY	012472	24.77
04/23/04	3.26	01 00	DEC COMMISARY	012776	20.41
04/26/04	1.06	03 00	REC POSTAGE	POSTAGE	16.35
04/29/04	3.26	01 00	DLH COMMISARY	013053	15.30
05/07/04	3.26	01 00	DLH COMMISARY	013297	12.03
05/10/04	20.00	30 00	DLH EARNINGS		7.47
05/12/04	5.70	03 00	DLH POSTAGE	POSTAGE	27.17
05/14/04	4.00	01 00	DLH COMMISARY	013606	21.77
05/21/04	1.17	01 00	DLH COMMISARY	013786	17.60
05/28/04	3.30	01 00	DLH COMMISARY	014260	10.30
06/04/04	2.35	03 00	REC POSTAGE	POSTAGE	7.95
06/04/04	3.30	01 00	DLH COMMISARY	014312	4.65
06/07/04	20.00	30 00	DLH EARNINGS		24.65
06/11/04	3.30	01 00	DLH COMMISARY	014716	21.35
06/21/04	3.41	01 00	DEC COMMISARY	015224	17.94
06/24/04	3.05	03 00	REC POSTAGE	POSTAGE	14.06
06/25/04	6.23	01 00	DLH COMMISARY	015515	7.83
06/30/04	1.00	03 00	DLH POSTAGE	POSTAGE	6.83
07/04/04	20.00	30 00	DLH EARNINGS		26.83
07/06/04	20.00	31 00	DLH RECEIPTS M MAILROOM	BERNICE RIBBON	45.83
07/07/04	6.70	01 00	DLH COMMISARY	000047	39.13
07/14/04	1.70	01 00	DLH COMMISARY	000154	34.43
07/21/04	4.76	01 00	DLH COMMISARY	000701	29.67
07/26/04	2.12	01 00	DLH COMMISARY	001062	24.55
08/04/04	4.60	01 00	DLH COMMISARY	001333	19.95
08/02/04	20.00	30 00	DLH EARNINGS		32.95
08/12/04	2.35	03 00	DLH POSTAGE	POSTAGE	37.30
08/11/04	4.43	01 00	DLH COMMISARY	001602	32.87
08/13/04	1.15	01 00	DLH COMMISARY	001920	28.72

OCT 14, 2004

LOCKING COMMERCIAL FACILITY

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OCT 14, 2004 THRU OCT 14, 2004 INMATE DEMAND STATEMENT

INMATE NUMBER: AZ73011

LOCK LOC#

INMATE NAME: HOGINS, DORNA  
AKA:

INMATE CYCLE: 2

STATUS:  
MISS: A  
PICKED UP:FROM LOC: MAC#  
FROM DATE: 10/20/2004  
TO DATE: 10/20/2004

NOTE:

TO LOC:  
TO DATE:HOLD TOTAL: 00  
KWP COMMIS. DEBIT: 00

TRAN DATE	TRAN AMOUNT	TO/DT	CDR	T/C DEBIT	MISS. DEBIT	ACCOUNT BALANCE
09/25/04	4.62	01 00	DEC COMMISARY	002305		232.66
09/31/04	4.65	03 00	DEC POSTAGE	POSTAGE		228.01
09/31/04	9.30	01 00	DLH COMMISARY	002577		22.21
09/31/04	5.64	01 00	DLH COMMISARY	002651		16.57
09/27/04	50.00	00 00	DLH EARNINGS			71.78
09/03/04	4.69	01 00	DLH COMMISARY	002664		71.09
09/26/04	2.30	01 00	DLH COMMISARY	003247		72.69
09/26/04	2.50	01 00	DLH COMMISARY	002706		72.39
10/06/04	4.10	01 00	DEC COMMISARY	002702		72.21
10/12/04	20.00	30 00	DLH EARNINGS			32.21
CURR. BAL					TOTAL DEBITS	131.46
					TOTAL CREDITS	40.00
					AVERAGE BALANCE	72.46

Dorothy Hunt, Cashier